

03-19-01

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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 00-0058

First Inventor Timothy B. Cowles

Title CIRCUIT AND METHOD FOR TEST AND REPAIR

Express Mail Label No. EL672722344US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 22]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 18]

5. Oath or Declaration [Total Pages 6]  
a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents

Box Patent Application

Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a.  Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i.  CD-ROM or CD-R (2 copies); or  
ii.  paper  
c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9.  Assignment Papers (cover sheet & document(s))

10.  37 C.F.R. §3.73(b) Statement  Power of Attorney (when there is an assignee)

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)

16.  Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

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| <input type="checkbox"/> Customer Number or Bar Code Label |                         | (Insert Customer No. or Attach bar code label here) |                |          |                | or <input type="checkbox"/> Correspondence address below |
| Name   | Charles B. Brantley II  |   |                |          |                |  |
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| Country  | USA                     | Telephone   | (208) 368-4557 | Fax      | (208) 368-5606 |  |

|                   |                  |                                   |         |
|-------------------|------------------|-----------------------------------|---------|
| Name (Print/Type) | Charles Brantley | Registration No. (Attorney/Agent) | 38,086  |
| Signature         | Charles Brantley | Date                              | 3/15/11 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1744)

| Complete if Known    |                   |
|----------------------|-------------------|
| Application Number   |                   |
| Filing Date          | March 15, 2001    |
| First Named Inventor | Timothy B. Cowles |
| Examiner Name        |                   |
| Group / Art Unit     |                   |
| Attorney Docket No.  | 00-0058           |

| METHOD OF PAYMENT (check one)   |                            |                       |   |  | FEE CALCULATION (continued)   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
|---|----------------------------|-----------------------|---|--|---|----------------------------|-----------------|----------|-----|----------|-----------------------|-----------------------|------------------------|-----|--------------------|------------|-------|-----------------------------------|--|-----|-------------------|-----|---------------------------------------|-----|--|-----|------------------|--|-----|-----|-------------------------------|-----|--|-----|-------|-----|--|----|------------------------|-----|------|-----|---|--|--|-----|--------|-----|--|--|--|-----|-----|-----|---|--|--|-----|-----|-----|---|--|--|-----|-----|-----|--|--|--|-----|-------|-----|---|--|--|-----|-------|-----|--|--|--|-----|-----|-----|----------------------|--|--|-----|-----|-----|--|--|--|-----|-----|-----|------------------------------|--|--|-----|-------|-----|---|--|--|-----|-----|-----|-------------------------------------|--|--|-----|-------|-----|--|--|--|-----|-------|-----|------------------------------------|--|--|-----|-----|-----|----------------------|--|--|-----|-----|-----|---------------------|--|--|-----|-----|-----|-----------------------------------|--|--|-----|-----|-----|---|--|--|-----|-----|-----|---|--|--|-----|----|-----|---|--|----|-----|-----|-----|---|--|--|-----|-----|-----|--|--|--|-----|-----|-----|---|--|--|-----|-----|-----|---|--|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|----------------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number: 13-3092, Order No. 00-0058  |                            |                       |   |  | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td colspan="2">65 Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td colspan="2">25 Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td colspan="2">130 Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td colspan="2">2,520 For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td colspan="2">920* Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td colspan="2">1,840* Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td colspan="2">55 Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td colspan="2">195 Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td colspan="2">445 Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td colspan="2">695 Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td colspan="2">945 Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td colspan="2">155 Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td colspan="2">155 Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td colspan="2">135 Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td colspan="2">1,510 Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td colspan="2">55 Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td colspan="2">620 Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td colspan="2">620 Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td colspan="2">220 Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td colspan="2">300 Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td colspan="2">130 Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td colspan="2">130 Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td colspan="2">180 Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td colspan="2">40 Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td colspan="2">355 Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td colspan="2">355 For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td colspan="2">355 Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td colspan="2">900 Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$ 40)</td> </tr> </tbody> </table> |                            |                 |          |     | Fee Code | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description        |     | Fee Paid           | 105        | 130   | 205                               | 65 Surcharge - late filing fee or oath |     |                   | 127 | 50                                    | 227 | 25 Surcharge - late provisional filing fee or cover sheet. |     |                  | 139  | 130 | 139 | 130 Non-English specification |     |  | 147 | 2,520 | 147 | 2,520 For filing a request for reexamination |    |                        | 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action |  |  | 113 | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action |  |  | 115 | 110 | 215 | 55 Extension for reply within first month |  |  | 116 | 390 | 216 | 195 Extension for reply within second month |  |  | 117 | 890 | 217 | 445 Extension for reply within third month |  |  | 118 | 1,390 | 218 | 695 Extension for reply within fourth month |  |  | 128 | 1,890 | 228 | 945 Extension for reply within fifth month |  |  | 119 | 310 | 219 | 155 Notice of Appeal |  |  | 120 | 310 | 220 | 155 Filing a brief in support of an appeal |  |  | 121 | 270 | 221 | 135 Request for oral hearing |  |  | 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding |  |  | 140 | 110 | 240 | 55 Petition to revive - unavoidable |  |  | 141 | 1,240 | 241 | 620 Petition to revive - unintentional |  |  | 142 | 1,240 | 242 | 620 Utility issue fee (or reissue) |  |  | 143 | 440 | 243 | 220 Design issue fee |  |  | 144 | 600 | 244 | 300 Plant issue fee |  |  | 122 | 130 | 122 | 130 Petitions to the Commissioner |  |  | 123 | 130 | 123 | 130 Petitions related to provisional applications |  |  | 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt |  |  | 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) |  | 40 | 146 | 710 | 246 | 355 Filing a submission after final rejection (37 CFR § 1.129(a)) |  |  | 149 | 710 | 249 | 355 For each additional invention to be examined (37 CFR § 1.129(b)) |  |  | 179 | 710 | 279 | 355 Request for Continued Examination (RCE) |  |  | 169 | 900 | 169 | 900 Request for expedited examination of a design application |  |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  | SUBTOTAL (3) (\$ 40) |
| Fee Code  | Large Entity Fee (\$)      | Small Entity Fee (\$) | Fee Description   |  | Fee Paid  |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 105   | 130                        | 205                   | 65 Surcharge - late filing fee or oath  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 127   | 50                         | 227                   | 25 Surcharge - late provisional filing fee or cover sheet.                    |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 139   | 130                        | 139                   | 130 Non-English specification   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 147   | 2,520                      | 147                   | 2,520 For filing a request for reexamination                                  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 112   | 920*                       | 112                   | 920* Requesting publication of SIR prior to Examiner action                   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 113   | 1,840*                     | 113                   | 1,840* Requesting publication of SIR after Examiner action                    |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 115   | 110                        | 215                   | 55 Extension for reply within first month                                     |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 116   | 390                        | 216                   | 195 Extension for reply within second month                                   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 117   | 890                        | 217                   | 445 Extension for reply within third month                                    |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 118   | 1,390                      | 218                   | 695 Extension for reply within fourth month                                   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 128   | 1,890                      | 228                   | 945 Extension for reply within fifth month                                    |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 119   | 310                        | 219                   | 155 Notice of Appeal  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 120   | 310                        | 220                   | 155 Filing a brief in support of an appeal                                    |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 121   | 270                        | 221                   | 135 Request for oral hearing  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 138   | 1,510                      | 138                   | 1,510 Petition to institute a public use proceeding                           |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 140   | 110                        | 240                   | 55 Petition to revive - unavoidable   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 141   | 1,240                      | 241                   | 620 Petition to revive - unintentional  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 142   | 1,240                      | 242                   | 620 Utility issue fee (or reissue)  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 143   | 440                        | 243                   | 220 Design issue fee  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 144   | 600                        | 244                   | 300 Plant issue fee   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 122   | 130                        | 122                   | 130 Petitions to the Commissioner   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 123   | 130                        | 123                   | 130 Petitions related to provisional applications                             |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 126   | 180                        | 126                   | 180 Submission of Information Disclosure Stmt                                 |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 581   | 40                         | 581                   | 40 Recording each patent assignment per property (times number of properties) |  | 40  |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 146   | 710                        | 246                   | 355 Filing a submission after final rejection (37 CFR § 1.129(a))             |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 149   | 710                        | 249                   | 355 For each additional invention to be examined (37 CFR § 1.129(b))          |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 179   | 710                        | 279                   | 355 Request for Continued Examination (RCE)                                   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 169   | 900                        | 169                   | 900 Request for expedited examination of a design application                 |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| Other fee (specify) _____   |                            |                       |   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| *Reduced by Basic Filing Fee Paid   |                            |                       |   |  | SUBTOTAL (3) (\$ 40)  |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 2. <input type="checkbox"/> Payment Enclosed:<br><br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                            |                       |   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| FEE CALCULATION   |                            |                       |   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th colspan="3">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table>      |                            |                       |   |  | Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description |          |     | Fee Paid | 101                   | 710                   | 201                    | 355 | Utility filing fee | 710        | 106   | 320                               | 206                                    | 160 | Design filing fee |     | 107                                   | 490 | 207  | 245 | Plant filing fee |  | 108 | 710 | 208                           | 355 | Reissue filing fee   |     | 114   | 150 | 214  | 75 | Provisional filing fee |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description       |   |  | Fee Paid  |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 101   | 710                        | 201                   | 355   | Utility filing fee   | 710   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 106   | 320                        | 206                   | 160   | Design filing fee  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 107   | 490                        | 207                   | 245   | Plant filing fee   |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 108   | 710                        | 208                   | 355   | Reissue filing fee   |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 114   | 150                        | 214                   | 75  | Provisional filing fee                                     |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| SUBTOTAL (1) (\$ 710)   |                            |                       |   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>53</td><td>-20</td><td>= 33</td><td>X 18 = 594</td></tr> <tr><td>8</td><td>-3</td><td>= 5</td><td>X 80 = 400</td></tr> <tr><td colspan="4">X = 0</td></tr> </tbody> </table>   |                            |                       |   |  | Total Claims  | Extra Claims               | Fee from below  | Fee Paid | 53  | -20      | = 33                  | X 18 = 594            | 8                      | -3  | = 5                | X 80 = 400 | X = 0 |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| Total Claims  | Extra Claims               | Fee from below        | Fee Paid  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 53  | -20                        | = 33                  | X 18 = 594  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 8   | -3                         | = 5                   | X 80 = 400  |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| X = 0   |                            |                       |   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| Large Entity Fee Code (\$) <table border="1"> <thead> <tr> <th>Small Entity Fee Code (\$)</th> <th colspan="3">Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |                            |                       |   |  | Small Entity Fee Code (\$)  | Fee Description            |                 |          | 103 | 18       | 203                   | 9                     | Claims in excess of 20 | 102 | 80                 | 202        | 40    | Independent claims in excess of 3 | 104                                    | 270 | 204               | 135 | Multiple dependent claim, if not paid | 109 | 80   | 209 | 40               | ** Reissue independent claims over original patent | 110 | 18  | 210                           | 9   | ** Reissue claims in excess of 20 and over original patent |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| Small Entity Fee Code (\$)  | Fee Description            |                       |   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 103   | 18                         | 203                   | 9   | Claims in excess of 20                                     |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 102   | 80                         | 202                   | 40  | Independent claims in excess of 3                          |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 104   | 270                        | 204                   | 135   | Multiple dependent claim, if not paid                      |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 109   | 80                         | 209                   | 40  | ** Reissue independent claims over original patent         |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| 110   | 18                         | 210                   | 9   | ** Reissue claims in excess of 20 and over original patent |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |
| SUBTOTAL (2) (\$ 994)   |                            |                       |   |  |   |                            |                 |          |     |          |                       |                       |                        |     |                    |            |       |                                   |  |     |                   |     |                                       |     |  |     |                  |  |     |     |                               |     |  |     |       |     |  |    |                        |     |      |     |   |  |  |     |        |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |     |     |  |  |  |     |       |     |   |  |  |     |       |     |  |  |  |     |     |     |                      |  |  |     |     |     |  |  |  |     |     |     |                              |  |  |     |       |     |   |  |  |     |     |     |                                     |  |  |     |       |     |  |  |  |     |       |     |                                    |  |  |     |     |     |                      |  |  |     |     |     |                     |  |  |     |     |     |                                   |  |  |     |     |     |   |  |  |     |     |     |   |  |  |     |    |     |   |  |    |     |     |     |   |  |  |     |     |     |  |  |  |     |     |     |   |  |  |     |     |     |   |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |                      |

\*\*or number previously paid, if greater; For Reissues, see above

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|-------------------|---|----------------------------------|--------|-----------|----------------|--------------------------|--|
| Name (Print/Type) | Charles Brantley  | Registration No. Attorney/Agent) | 38,086 | Telephone | (208) 368-4557 |                          |  |
| Signature         |  |                                  |        |           | Date           | 3/15/11                  |  |

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